

comorbidity and inappropriate polypharmacy. Readmission rates were higher in patients with shorter stay for primary admission who were discharged directly from assessment and short-stay medical units.

**Conclusion:** We find that readmission rates in elderly patients discharged from short-stay medical units are higher than those discharged from elderly care wards. We hypothesise that failure to identify patients at high-risk of readmission in these settings is responsible. We recommend that every patient identified as high-risk should undergo a comprehensive geriatric assessment on admission. We have developed a teaching programme on common frailty syndromes for junior doctors during their induction to emergency medicine. A prospective study is currently being undertaken to validate this.

#### Reference(s)

- RITCH A. History of Geriatric Medicine: from Hippocrates to Marjory Warren. *J R Coll Physicians Edinb* 2012; 42:368–74.  
 BARRINGTON R, HYLAND M. The elderly: a challenge to the general hospital. Dublin, Hospital Committee of the European Community, 1994.  
 SCHROOTS JF, FERNANDEZ-BALLESTEROS R, RUDINGER G. Aging in Europe. IQS Press, Amsterdam 1999.  
 HASTIE Ian R., DUURSMA Sijmen A., (UEMS-GS) Geriatric Medicine In The European Union: Unification Of.

#### P525

##### An evaluation of the concept of Flanders Care Living Labs

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**Introduction:** In 2012, the Flemish government (Belgium) launched a call for Care Living Labs targeting on innovation in elderly care. The aim is to create new care concepts, services, processes and products, in cooperation with the users, and to test them in real life settings. In a first phase, four Care Living Labs were selected. The 'Knowledge Innovation Center for Elderly Care' (KIO) is the scientific consortium responsible for monitoring and evaluating the Care Living Labs.

**Methods:** KIO made a qualitative evaluation of the Care Living Lab designs, based on a document analysis of the submitted proposals. This abstract reports on the evaluation of the underlying designs, e.g. models in ageing and target group, inter-organizational collaboration, task division and job quality.

**Results:** The preliminary evaluation shows three major results. (1) No explicit models are used by the Care Living Labs in order to approach the target group of elderly. The target group is broad and varied, including younger seniors, frail elderly, chronically ill individuals and people with cognitive impairment. (2) Large differences can be seen between the Care Living Labs with regard to the complexity, construction and governance of the inter-organizational networks. (3) The four proposals all mention the need for a more integrated care, but seem to lack attention for organizational concepts (like task division and coordination), although related aspects of job quality are taken into account.

**Conclusions:** The preliminary evaluation shows different approaches between the four Care Living Labs, which provides opportunities for further comparative analysis.

#### P526

##### Comprehensive geriatric assessment (CGA) in the Emergency Department by OPAL (Older People Assessment and Liaison): Does it prevent admissions?

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**Introduction:** The University Hospital of South Manchester (UHSM) covers a large catchment area of around 570,000 patients. Over the

last financial year there has been a 4.8% increase in A&E attendances and 6% increase in emergency admissions. National data suggests these trends are to continue.

Older patients who attend A&E are more likely to be admitted to hospital and also have a longer length of stay. This may reflect the difficulties A&E staff face when assessing the complex elderly patient.

**Methods:** The OPAL team consisting of a Consultant Geriatrician, Occupational Therapist, Physiotherapist and discharge facilitator was introduced to A&E at UHSM. Older patients who presented with geriatric syndromes such as frailty or falls were reviewed by the OPAL team. Patients underwent a CGA in order to instigate appropriate investigations, management and, if able, discharge.

**Results:** Overall 148 patients were reviewed by the OPAL team during the trial period. Only 26% of the patients assessed by the OPAL team were admitted to hospital. This compared to 73% when reviewed by A&E staff alone. Those patients admitted by the OPAL team had a reduced length of stay.

**Discussion:** Older patients have different patterns of disease presentation compared to younger adults. They respond to treatments and therapies in different ways and they frequently have complex social needs that are related to their chronic medical conditions. This data suggests Geriatricians are best skilled to decipher these complex patients and being present in A&E can reduce admissions and length of stay.

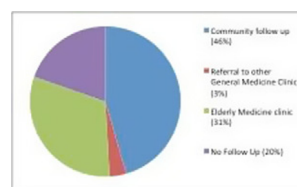


Figure 1. Follow up options.

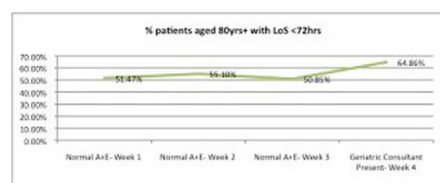


Figure 2. Length of stay reduction.

#### P527

##### Quality of life and meaningful activities in residential care: the Active Ageing (AA) concept challenged

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**Introduction and Aim:** The amount of elderly people living in nursing homes (NH) has risen significantly. Besides promoting autonomy, it is expected that professionals enable residents to engage in meaningful activities, which is closely related to Active Ageing (AA), which is hardly implemented in NH. Factors inhibiting and facilitating being active in the NH, are related to the individual, the environment and residents activity repertoire (AR). This study explores having meaningful activities and influencing factors.

**Methods:** In a survey design, 150 cognitively healthy residents (average 85 years old;  $\pm$ SD 5.72; range 69–99; 40 men and 86 women) from 40 NH were included. A comprehensive set of global, cognitive, physical, mood and functional assessments was collected, together with a questionnaire on AR. Descriptive statistics